

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
07586672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	3		1			
15	(1)		1			
16	(1)		1			
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TOTAL IND.	2		2			
TOTAL DEP.	15	←	14	←	14	←
TOTAL CLAIMS	21		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						